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FIT Clinical Decision Making

INFECTED AORTIC PSEUDO-ANEURYSM AS NON-VALVULAR VASCULAR SOURCE OF METHICILLIN-RESISTANT STAPHYLOCOCCAL AUREUS DISSEMINATION AND BACTEREMIA

Poster Contributions
Hall C
Saturday, March 29, 2014, 10:00 a.m.-10:45 a.m.

Session Title: FIT Clinical Decision Making: Non-Invasive Imaging
Abstract Category: Vascular Medicine
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Authors: *Mobin Malik, Tisha Suboc, Michael Widlansky, Department of Cardiology, Medical College of Wisconsin, Milwaukee, WI, USA*

Infected aortic aneurysms are rare but often with devastating outcomes, particularly if the diagnosis and treatment are delayed. Spontaneous rupture tends to be the most dreaded complication but other sequalae such as local and distant dissemination of infection are also documented.

A 59 year old female with known history of acquired immunodeficiency syndrome and aortic atherosclerosis, presented with two day history of fever and right knee swelling. Following a recent low speed automobile collision, she noted worsening of her chronic back and flank pain. Arthrocentesis of right knee showed gross purulence and was empirically started on antibiotics. Subsequently, multiple blood and synovial fluid cultures were for positive for methicillin resistant staphylococcus aureus.

A search for a possible hematogenous source was initiated. The echocardiogram showed normal valvular anatomy. Computed tomography (CT) of the abdomen showed a 3.5 x 1.6 cm distal aortic pseudo aneurysm. In light of high peri-operative and graft infection risk, vascular surgery recommended prolonged antibiotic course. A day later, repeat imaging revealed ruptured aortic pseudo aneurysm with large retroperitoneal hemorrhage. She died a few hours later.

This case illustrates the potential for an infected aortic pseudo aneurysm as a non valvular vascular source of bacterial dissemination in a high risk patient. Diagnostic work up should be tailored to findings on history, physical examination and underlying risk factors.